

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9265</u>	2 Fiscal Year Covered From <u>06/01/04</u> Through <u>05/31/05</u>
3 Name and address of person filing Name <u>JESUS RENE LOPEZ</u> P O Box, Bldg, Room No, if any Street <u>6601 N. Bk. CNY. Hwy.</u> City <u>Phoenix</u> State <u>Arizona</u> ZIP Code + 4 <u>85015-1027</u>	4 Name, file number, and address of labor organization Name <u>International Union of Operating Engineers</u> Labor Organization File Number <u>Local 428 (040109)</u> P O Box, Building and Room Number, if any Street <u>6601 N. Bk CNY Hwy</u> City <u>Phoenix</u> State <u>Arizona</u> ZIP Code + 4 <u>85015-1027</u>
5. Position in labor organization. <u>Business Agent And Financial Secretary - Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income. 7 b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>8-12-05</u> Date	<u>602-254-5266</u> Telephone Number

Name of Person Filing JESUS R. Lopez	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any) Name International Union of Operating Engineers Trade Name, if any Local 428 P O Box, Bldg, Room No, if any Street 6601 N. Blk. Cwy. Hwy City Phoenix State Arizona ZIP Code + 4 85015-1027	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
---	--

10 If 9 b or 9 c. is checked give trust or employer's name. Name McMorgan & Co. Trade Name, if any Richard Boespflug P O Box, Bldg., Room No., if any Street 1746 Cole Boulevard Suite 225 City Golden State Colorado ZIP Code + 4 80401	11 a. Nature of such dealing. Trust Fund Money Manager 11 b Approximate dollar value of such dealing 12.a. Nature of interest held or income received. Lunch + Dinner <table style="width: 100%;"> <tr> <td style="text-align: right;">7-14-04</td> <td style="text-align: right;">\$ 70.41</td> </tr> <tr> <td style="text-align: right;">8-16-04</td> <td style="text-align: right;">\$ 86.20</td> </tr> <tr> <td style="text-align: right;">11-17-04</td> <td style="text-align: right;">\$ 51.85</td> </tr> </table> 12.b Amount \$ 208.46	7-14-04	\$ 70.41	8-16-04	\$ 86.20	11-17-04	\$ 51.85
7-14-04	\$ 70.41						
8-16-04	\$ 86.20						
11-17-04	\$ 51.85						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.

Name of Person Filing JESUS R. Lopez	File Number U-
---	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name, if any).</p> <p>International Union of Operating Engineers</p> <p>Name Edg 14th</p> <p>Trade Name, if any Local 426</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street 6601 N. 31st. Cuy. Hwy.</p> <p>City Phoenix</p> <p>State Arizona ZIP Code + 4 85015-1027</p>	<p>9 Business deals with.</p> <p><input checked="" type="checkbox"/> Labor Organization</p> <p><input checked="" type="checkbox"/> Trust</p> <p><input type="checkbox"/> Employer</p>
--	---

<p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name South West Service Administrators</p> <p>Trade Name, if any Linda Suydam</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street 2400 W. Dunlap Suite 250</p> <p>City Phoenix</p> <p>State Arizona ZIP Code + 4 85021</p>	<p>11.a. Nature of such dealing.</p> <p>Administrator of Trust Fund</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12.a. Nature of interest held or income received.</p> <p>New Orleans Dinner Cruise - \$ 63.53</p>
	<p>12.b. Amount \$ 63.53</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13.b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p>

Name of Person Filing <u>JESUS R. Lopez</u>	File Number U-
---	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any).</p> <p>Name <u>International Union of Operating Engineers</u></p> <p>Trade Name, if any <u>Local 428</u></p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>6601 N. Bk Canyon Hwy</u></p> <p>City <u>Phoenix</u></p> <p>State <u>Arizona</u> ZIP Code + 4 <u>85015-1027</u></p>	<p>9 Business deals with.</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
---	---

<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>International Union of Operating Engineers Trust Fund</u></p> <p>Trade Name, if any <u>Pension Trust Fund</u></p> <p><u>and H & W Trust Fund</u></p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <u>P.O. Box 16200</u></p> <p>City <u>Phoenix</u></p> <p>State <u>Arizona</u> ZIP Code + 4 <u>85011-6200</u></p>	<p>11 a Nature of such dealing</p> <p><u>Expenses for Training Convention New Orleans</u></p>
<p>11 b Approximate dollar value of such dealing</p>	
<p>12 a Nature of interest held or income received</p> <p>11-29-04 Hotel Rm. \$191.97 12-3-04 Hotel \$191.97 Dinner Tip (37.23) 12-04-04 Hotel \$191.97 11-30-04 Hotel Rm 191.97 Dinner Tip 56.50 12-01-04 Hotel Rm 191.97 12-5-04 Parking Garage 35 12-02-04 Hotel Rm 191.97 Greatchest-tip 25.95 11-29-04 Plane Ticket 12 b. Amount \$ 1773.45/x4 \$ 386.90</p>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p>